

# COMPLAINT FORM

Name of Person Initiating Complaint

### Street Address

City

## State

**Zip Code****Phone Number**

**ALLEGATION (Be specific with Names, Addresses, Phone Numbers, Dates, and Events)** Attach additional sheets to this form if necessary. \_\_\_\_\_

[illegible]

## YOUR RECOMMENDED SOLUTION

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**With my signature below, I agree to sign a warrant for the person found violating the Alabama LP-Gas Laws and to testify before the Alabama LP-Gas Board if requested to do so should the allegation or violation prove to be valid and actual proof of such violation is established.**

**Signature**

